

Facility Fire Watch Report

Facility:	Date:	Shift:
Reason for Fire Watch:		
Affected Area of Building:		
Date Fire Watch Started:	Time Fire Watch Started:	
Date Fire Watch Ended:	Time Fire Watch Ended:	
Name of Fire Watch Personnel:	Name of Fire Watch Personnel:	
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Fire Watch Personnel: <ul style="list-style-type: none"> • May have no other duties. • Must have a means of direct communication with emergency dispatch, i.e. cell phone. • Must complete full survey of facility at least: <ul style="list-style-type: none"> ○ 15 minutes for Fire Alarm Systems ○ 30 minutes for sprinkler systems and/or other hazardous conditions. 		

[illegible]